

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013743
STATE FILE NUMBER

FILED MAY 13 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 237

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) JOPLIN		c. CITY OR TOWN JOPLIN 0495	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		d. STREET ADDRESS 1107 WAGGONER AVE	
3. NAME OF DECEASED (Type or print) First Middle Last IRVIN I. GIBBS		4. DATE OF DEATH Month Day Year MAY 3, 1959	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 2 WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 9, 1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CAR INSPECTOR		10b. KIND OF BUSINESS OR INDUSTRY FRISCO R.R.	11. BIRTHPLACE (City and state or country) SALINA, Ks.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME UNK	
14. MOTHER'S MAIDEN NAME UNK		15. NAME OF HUSBAND OR WIFE ALMA GIBBS, DEC'D 1949	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes give year and dates of service) YES SPANISH-AMERICAN		17. SOCIAL SECURITY NO. UNK	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>acute myocardial infarction</i> DUE TO (b) <i>Arteriosclerosis generalized</i> DUE TO (c) <i>Cholelithosis + Duodenal ulcer</i>		INTERVAL BETWEEN ONSET AND DEATH 20 days 10 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Cholelithosis + Duodenal ulcer</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour -Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at 3:00 PM on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Do not sign for him) <i>Go Schmitt</i>	
22b. ADDRESS 2125 Jackson, Joplin, Missouri		22c. DATE SIGNED 5/5/59	
23a. BURIAL, CREMATION, ETC. BURNED (Specify)		23b. DATE 5-5-59	
23c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY,		23d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI	
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 5-7-1959	
26. REGISTRAR'S SIGNATURE <i>Dore Merriam</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

vector, cuticular, etc.; must use only standard nomenclature at item 18. No symptoms with or without.

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MAY 18 1950

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. *2519*

P. O. Address *Joplin Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.